

**LAUDERDALE COUNTY DETENTION FACILITY
RESPONSE TO RESISTANCE REPORT**

DATE: 5/24/14 TIME: 1949 LOCATION: Allen Swamp & Pine Springs Road.
DEPUTY/OFFICER'S NAME: Jacob Martin CASE #: 2014 DD 7567
ON SCENE ☒ NOTIFIED SUPERVISOR(S): Sgt. Cohen
NUMBER 6 AND NAMES OF OTHER DEPUTIES/OFFICERS PRESENT: Trooper Moore (H24), Deputy Matuszanski,
Deputy Anderson, Deputy Stevens, Deputy Thomas, LT. Russell
ANY OTHER DEPUTIES/OFFICERS USE FORCE: ☒ Y/N IF YES, ADDITIONAL FORMS ATTACHED: ☒ Y/N
ANY DEPUTIES/OFFICERS INJURED: ☒ Y/N IF YES, NAME(S): _____
DESCRIBE INJURIES TO DEPUTY/OFFICER: _____

DEPUTY/OFFICER TREATED BY: FIRE DEPT _____ AMBULANCE ☒ HOSPITAL _____
ATTENDING PHYSICIAN _____ JAIL MEDICAL STAFF _____

NATURE OF INCIDENT: 1055, 1055

INCIDENT TYPE/REASON FOR USE OF FORCE (circle appropriate responses below):

Hostage Taker Suicidal Violent/Combative Offender ☒ Barricaded ☒ Resistive Restraint (for Offender's safety) Accidental Other

AT THE TIME OF THE INCIDENT, THE SUBJECT WAS (check appropriate responses below):

☒ Under the influence of alcohol/illegal drugs/prescription drugs _____ Mentally impaired _____ Other: _____

CHARGES FILED AGAINST OFFENDER: Disregard for traffic device, DUI, Resisting Arrest
& Disorderly Conduct x3 SUSPECT BOOKED: Y/N

OFFENDER INFORMATION

NAME: Glen D. Kasper ADDRESS: 8990 Massey Est. Dr.
PHONE NUMBER: _____ SSN: [REDACTED] DATE OF BIRTH: [REDACTED]/03
SEX: ☒ M/F HEIGHT: 55 WEIGHT: 130 RACE: W DISABILITY(S): _____
DESCRIBE OFFENDER CLOTHING (heavy, light, thin, loose etc.): Light
ANY INJURIES TO OFFENDER PRIOR TO USE OF FORCE: ☒ Y/N Scratches & abrasion on the face
ANY INJURIES AFTER USE OF FORCE: ☒ Y/N Scratches & abrasions on the face

OFFENDER TREATED BY: FIRE DEPT NA AMBULANCE NA HOSPITAL NA
ATTENDING PHYSICIAN NA JAIL MEDICAL STAFF NA
TRANSPORTED BY: _____ AMBULANCE ☒ SHERIFF'S DEPT _____ OTHER _____ ADMITTED Y/N

OTHER OFFENDERS/WITNESSES ON SCENE: ☒ Y/N

OFFENDERS/WITNESS (circle one) NAME: _____ PHONE # _____
OFFENDERS/WITNESS (circle one) NAME: _____ PHONE # _____

**LAUDERDALE COUNTY DETENTION FACILITY
RESPONSE TO RESISTANCE REPORT**

LEVELS OF RESISTANCE and CORRESPONDING LEVELS OF CONTROL/FORCE (check all that apply)

- ☐ LEVEL 1 COMPLIANT: _____
COOPERATIVE CONTROLS: _____
- ☐ LEVEL 2 PASSIVELY RESISTANT: _____
CONTACT CONTROLS: _____
- ☒ LEVEL 3 ACTIVELY RESISTANT: Attempting flee, kick, & fight
COMPLIANCE (chemical, takedown, taser etc.): _____
- ☐ LEVEL 4 ASSAULTIVE (bodily harm): _____
DEFENSIVE TACTICS (impact weapon, closed hand etc.): _____
- ☐ LEVEL 5 ASSAULTIVE (serious threat of bodily harm or death): _____
DEADLY FORCE: _____

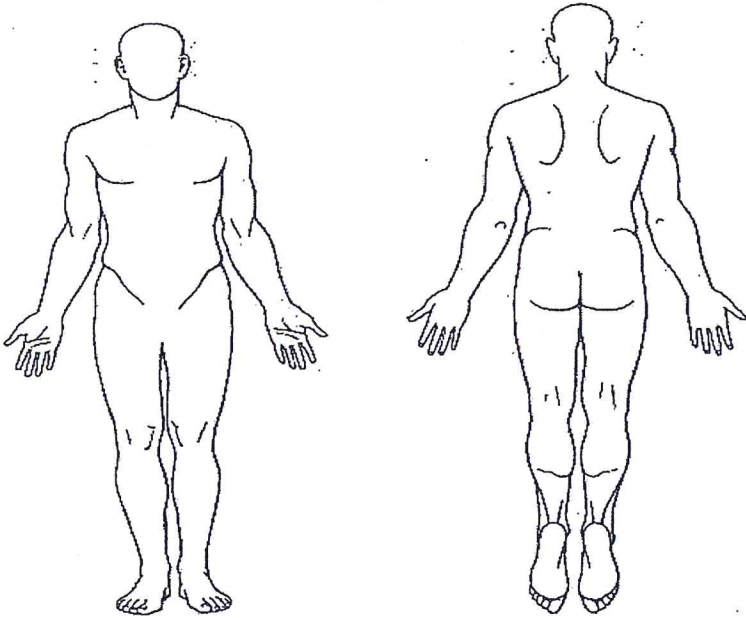
APPLICATION AREAS

Place a number in the location of the application of force on the diagram to the left.

Using the numbered area below, describe the type of force corresponding with the number on the diagram.

Example: 1. TASER Probe

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



POST-INCIDENT OBSERVATION

IMMEDIATELY FOLLOWING INCIDENT: Hysterical & Angry

15 MINUTES FOLLOWING INCIDENT: Hysterical & Angry

30 MINUTES FOLLOWING INCIDENT: Hysterical & Angry

☒ NARRATIVE/INCIDENT REPORT ATTACHED

☐ SUPPLEMENTAL TASER/CHEMICAL SPRAY FORM ATTACHED

☒ PHOTOGRAPHS TAKEN BY: Deputy Anderson

☐ PHOTOGRAPHS ATTACHED

REPORTING DEPUTY/OFFICER SIGNATURE

SUPERVISOR SIGNATURE

DIVISION COMMANDER SIGNATURE

CHIEF DEPUTY'S SIGNATURE

SHERIFF'S SIGNATURE

DATE 5/25/14

DATE 5/25/14

DATE 0206/14

DATE 10/2/14

DATE 1/27/15